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The case of a 45-year-old male caretaker accused of raping a 97-year-old woman suffering from dementia, hinged on the man's spermatozoa being found in a sample of urine purportedly obtained from the woman to look for the presence of urinary tract infection. The man explained the presence of his spermatozoa to be the result of spermaturia. After having had sexual intercourse in the morning before work, the caretaker admitted that it was his own urine he had turned in because he had been too ashamed to admit that he had spilled the elderly woman's urine sample due to a self-confessed drinking problem. The man also declared that the examined urine sample was from his first micturition after sexual intercourse with an estimated time span of 5 h in between. When a literature search failed to reveal any valid information about the longevity of spermatozoa in the post-ejaculatory urine (PEU) of fertile men, researchers undertook a study in ten healthy, young men in order to find the answer (*For Sci Int* 2010;194: 15–19). The volunteers donated a urine sample prior to and after ejaculation. The time intervals between ejaculation and the first micturition were preset – ranging between 30 min and maximal 11 h – and the pre- and post-ejaculatory urine samples were screened for the presence of viable and motile spermatozoa. After a time span of 30 min 59.5% of the first fractions of PEU samples were sperm positive, reducing to 38.1% after 2 h and 21.4% after 4 h. After 5 h sperm were no longer detected. Therefore, it seems that remaining sperm in the urethra are washed out and can be identified in the first PEU of the majority of fertile men. However, the authors conclude that further research is required to determine whether it can be confidently asserted that sperm findings >5 h after ejaculation are improbable and, therefore, that the alleged rapist's story was unlikely to be true.

Negative attitudes abound in the management of detainees in police custody with substance misuse problems. Healthcare

professionals may find a recent article in *Addiction* (2009;105: 6–13) thought provoking. Entitled "The 10 most important things known about addiction", the author sets out his answers to this important question and calls for unity to use the knowledge more effectively for the betterment of patients suffering from addictive disorders. Importantly for HCPs in the custodial setting is that most people with addictions have other psychiatric disorders as well so may be 'mentally vulnerable'. Understanding the compulsive nature of addiction is also so important in understanding that much of the drug seeking behaviour is initiated outside of consciousness and that individuals may be unable to alter behaviour even when there are negative consequences. The HCPs working in custody will see dependent individuals time and time again as addiction is a chronic relapsing disorder and so there is an opportunity to use motivational interviewing to change behaviour.

In early 2010 a woman was found guilty in London of poisoning her former lover and his fiancé with the poison aconite which resulted in gastrointestinal symptoms – nausea, vomiting and diarrhoea. A recent review of the potential forensic significance of traditional herbal medicines (*J Forensic Sci* 2010;55:1:89–92) highlighted that the range of symptoms and signs produced by the ingestion of such substances may result in confusing clinical presentations. There may be a number of reasons for dangerous substances being found in traditional herbal medicines such as inadequate processing, inadvertent or deliberate addition of toxic substances, or mistaken identification. HCPs attending sudden deaths should ensure that any drugs, including herbal remedies, be documented as present at the scene so that these can be considered by the pathologist performing the autopsy. Asking specifically about herbal medicines as well as prescribed, illicit, and over the counter drugs should be a standard part of drug taking history.